Imperial College London

Health and Safety Matters

OCCUPATIONAL HEALTH & SAFETY NEWSLETTER

Issue 3
December 2005

Inside this issue:

First Aid Provision at College

Dr Alan Swann, Occupational Health Director

Organisation of first aid is changing. Security can now provide back-up support to departments at South Kensington during the day. Departments will still need first aiders trained to Lifesaver standard to deal with minor incidents and ensure someone with resuscitation skills can immediately attend a seriously injured casualty or cardiac arrest but they will no longer be *obliged* to have staff trained to First Aid at Work Certificate standard.

Departments will also still be responsible for maintaining first aid notices and ensuring first aid equipment is available.

The call-out system is unchanged. If first aid is needed you should still call a Departmental first aider. If s/he needs help, or no local first aider can be contacted, then Security should be called out on by dialling 4444.

Existing certificated ('Fully Qualified') First Aiders in departments will still be able to requalify but, on new Certificate courses, priority will be given to Security staff, staff working on other non-medical campuses, or those needing first aid training for fieldwork.

The Safety Department have introduced ½-day refresher courses covering the most essential first aid skills. All first aiders— Lifesavers and Certificated— are encouraged to attend one annually. There is good evidence that skills are rapidly lost unless regularly rehearsed. Places can be booked via the Safety Department's web pages.

Occupational Health are producing a proforma for working out and recording a Department's First Aid cover arrangements. A draft version is available on our web page for Co-ordinators & Safety Officers to try out.

Ordering First Aid Supplies

Preferential Suppliers have been set up for First Aid supplies. Competitive prices were negotiated using the overall College spend as a guide.

SLS has been awarded the contract for supplying all first aid consumables and **Fisher Scientific** were awarded the contract for supplying full first aid kits.

Here are a few examples of the negotiated prices:

Item	Negotiated price
First Aid Kit 11-20 Persons	12.50
First Aid Kit 21-50 Persons	17.50
Salvequick Plaster Dispenser 70 x blue detectable	14.25

More details can be found at: www.purchasing.ad.ic.ac.uk

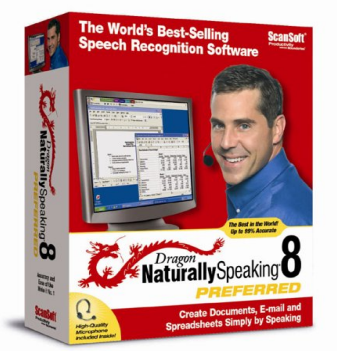
The Safety Department and Occupational Health Service Wish All Our Readers Merry Christmas and a Happy New Year

Easing the strain of computing: Voice Activated Software

Elisa Onuoha, Occupational Health Adviser

Voice activated software is available for people who are experiencing any upper limb injuries.

The voice activated software frees you from your keyboard. It enables you to control your computer with the sound of your voice by allowing you to dictate into virtually any windows-based application. You can also edit documents, control applications and manage your desktop, all by speaking. The software also works on the Microsoft outlook application and allows you to navigate the web by simply saying the web link.



There is a variety of voice activated software available on the market, however the Dragon voice activated software (version 8) is one that the Occupational Health Department has trialled on individuals within the College.

The set up is simple, but time consuming. The programme will need to be installed via the CD ROM drive. Connection to the web is required.

To get the best results, the most important step in the setup is the voice recognition process. By speaking into the mouth piece, your voice is converted into text. It takes approximately an hour reciting a series of prescribed sentences that the program then uses to recognise how the user says words and sounds. The speech recognition software will then show how accurate your speech is being interpreted.

There is also a medical version of the dragon naturally speaking software which has an extensive medical vocabulary and allows users to create documents with the highest level of accuracy and incorporate the most technical of terms.

Frequently Asked Questions

- **Can it be affected by background noise**?

If background noise is a particular issue then a higher specification microphone (other than that supplied) will be needed.

- **What about technical jargon?**

Modern voice recognition systems already "know" thousands of words including much specialist language from the legal and medical fields. New words and phrases can be added and trained easily.

- **Is "voice strain" a risk?**

When working with speech recognition systems, steps should be taken to minimise strain: sit comfortably; speak at a normal pitch/volume; take breaks and drink regularly.

- **Do colds affect the quality of voice recognition?**

Some people's voices change when they have a cold and this may result in slightly worse recognition. Also sore throats often make it uncomfortable to speak.

- **Can the software be used to transcribe meetings?**

No - they only work with one speaker at a time.

- **Can recording devices be used with speech recognition systems?**

Yes – speech recorded onto pocket sized recorders can be transferred onto a PC and then "transcribed" to text.

Should you request to trial version 8 of the Dragon voice activated software, you will be supplied with the headset and microphone. This equipment is available for a 3 week trial period from the OH department. Please contact Elisa on e.onuoha@imperial.ac.uk or ext 49398 if you would like further information.

RSI Case Study

Claire O'Brien, Occupational Health Adviser

A pre employment assessment on a prospective member of staff revealed hand pain. She had been referred for specialist investigations and diagnosis. Her symptoms weren't constant but they became exacerbated by intensive keyboard use.

The job involved computer use for long periods preparing reports and analysing data using Excel. We explained to the department that intensive keyboard use would be likely to cause problems until she received treatment for the problem. We recommended Dragon Naturally Speaking Preferred and to allow her the time to learn how to use it effectively.

On review 3 months later she had settled into her job, reports from her manager were very encouraging. Her specialist diagnosed Carpel Tunnel Syndrome, but was reluctant to perform surgery on her at this time. She was positioned in a quieter corner of the open plan office, and along with a good quality headset meant she was able to use the software to its potential. As she avoided the trigger, her symptoms of hand pain were well controlled.

Occupational Health Staff Changes

There have been a number of staff changes within the Occupational Health Department since the September edition of Health & Safety Matters.

Leaving…

Brondwyn Dee, the Occupational Health Audit and Information Officer, left the department at the end of October 2005 after three years service. Brondwyn has joined the Health, Safety & Environment Department within a mineral exploration company. We wish her well in her new employment.

Joanna Lester, the Occupational Health Administrator, has left the department after two years service. She has moved to the Finance Division within College and is now the VAT Analyst. We wish Joanna all the best in her new role.

Welcome to new staff…

Sarah Joomun is our new Occupational Health Administrator. Sarah is responsible for managing the College Health Surveillance Programme. She can be contacted with any queries at s.joomun@imperial.ac.uk

Celine Jaquet joined the OH team in November as the new Administration Assistant. Celine is responsible for processing pre-employment questionnaires and medical student administration. She can be contacted at c.jaquet@imperial.ac.uk

Douglas Mason joins the OH team at the end of November as the new Occupational Health Audit and Information Officer. Douglas will also be the new Co-ditor of Health and Safety Matters. He can be contacted on x 49365.

Carbon Dioxide — Uncontrolled Release Scenario

John Luke, Safety Adviser

A number of incidents have been recorded by the Safety Department in recent years concerning the uncontrolled release of CO_2 from cylinders which have not been in use at the time of the incident (i.e. with no regulator connected). These incidents have either occurred in laboratories or in outside storage areas. Given the widespread nature of CO_2 use throughout the College, it is worthwhile publicising the issue and briefly examining some of the factors involved.

Reasons for release:

- CO_2 cylinders are filled with liquefied gas—gaseous withdrawal versions have a self-perpetuating gaseous phase at the top. Such cylinders are fitted with an overpressure relief mechanism incorporated into the neck—it is this that 'blows' when the pressure exceeds a certain level (normally 190 bar). A large full cylinder would release approximately $18m^3$ of gas.
- Overfilling by the supplier is a possible reason for such an event. Cylinders are usually filled by weight—if more than one cylinder from the same batch experienced a release, it could indicate a mis-calibration of the suppliers filling scales.
- Ambient temperature is a risk factor. The higher the temperature in the room, the more likely the expansion and release becomes. However, they should be tolerant up to around 30^0C.
- Physical trauma should not be a major risk factor. The cylinders are designed to take a substantial degree of punishment.
- BOC would expect events like this periodically. In relation to the number of cylinders coming into the College over the course of a year, it still represents a small fraction.

What to do if it happens:

- A release is accompanied by a loud noise. It will be recognised immediately by anyone in the vicinity and will continue as the cylinder 'gases-off'. Personnel should leave the area immediately and not re-enter to proven safe to do so.
- The area should be secured and warning signs posted.
- The cylinder should be left alone to empty—this would normally be overnight unless there is a means of testing the CO_2 level prior to entry. Rooms with forced ventilation will obviously clear CO_2 from the atmosphere quicker than a room with natural ventilation only. Even if the cylinder has been left overnight, the room should still be entered with caution if there is no means of detecting the CO_2 level—open the door and allow air to flow into the room for a couple of minutes. Check that there is no hissing noise which may indicate the cylinder is not yet empty. This should not be carried out as a lone task.
- Notify BOC—they may have a member of staff on site who is able to investigate. The BOC site office at South Kensington can be contacted on 020 7594 8715 / 8745. They will repossess the cylinder and will be able to determine whether anything unusual is evident.
- Notify the Safety Department—we have a CO_2 / O_2 depletion hand-held gas analyser which can be used to determine gas levels prior to entry. This could be deployed quickly on the South Kensington site. Departments / Divisions on other campuses should evaluate the requirement to possess similar instruments of their own.

Other Precautions:

- Passengers should not travel in a lift with carbon dioxide cylinders—get an assistant to meet the lift at it's destination. This is a known risk and the consequences could be serious if the cylinder vented in a confined space.
- Minimise the number of cylinders held within laboratories. Bulk storage should be outside the building in a purpose-built gas store.

Protect Yourself Against Flu

Claire O'Brien, Occupational Health Adviser

Many people expect to battle with colds or influenza during winter. By taking a few precautions you can reduce the risk of being grounded!

The common cold
More than 200 viruses are known to cause common colds. The cold virus can enter the body through the mouth, nose and can be transmitted by hand-to-hand contact. Cold viruses infect the upper respiratory tract with symptoms usually starting two or three days after infection. Symptoms often include a runny nose, sneezing, a sore throat, a mild cough and headache. Temperature rarely rises above 38°C. The inside of the nose may start to swell and hurt, the nose runs more and the skin feels sensitive. On the whole you can expect to recover completely in a few days without any medical attention and with no lasting ill-effects.

Influenza
Influenza (flu) is a much more serious viral illness which affects approx 10-15% of the population annually. It infects the nose, throat, bronchial tubes, and lungs. Flu is spread by coughing and sneezing when tiny amounts of the virus enter the body normally through the nose or mouth. Symptoms first appear a day or two after infection and can include tiredness, chills and fever, runny nose, sore throat and cough. Headache and muscle pain are also common and temperature can rise as high as 40°C. You are most infectious when running a fever. It is important to isolate yourself to reduce the likelihood of passing the virus on to others. It is not uncommon to feel weak or tired for a week or so after your temperature has returned to normal and all your symptoms have disappeared.

Vaccine
The flu vaccine changes every year. It is available on the NHS for people with serious on-going health problems such as diabetes, heart disease, lung and breathing problems such as asthma and bronchitis. Anyone in this risk group should see their GP now to arrange vaccination. It is essential you protect yourself as soon as possible to prevent more serious health problems.

Avoiding Colds & Flu
The simplest way to avoid prolonged bouts of coughs and sneezes is to try and stay as fit and healthy as possible.

- Try and avoid spending too much time in the presence of people with sniffles, sneezes or coughs.
- Regular hand washing reduces the chances of picking up a winter viral infection. Wash your hands after touching surfaces frequently used by other people. If you have a cold or cough then use a tissue and throw it into a bin.
- Maintain a well balanced diet, including 5 portions of fruit/vegetables per day. Some people find that herbal or vitamin remedies either help them avoid catching colds and flu or help them to recover quicker. While there is no evidence that this is the case you might find it works for you.
- Get regular and adequate sleep.
- Germs remain in warm stale stagnant air; open windows when weather permits to circulate fresh air.
- Avoid smoky atmospheres; cigarette smoke is a respiratory irritant that increases susceptibility to the viruses that cause colds and the flu.
- Keeping warm at all times, particularly if you go out, wearing several layers of clothes is more effective than, for example, one big, chunky jumper.
- Maintain a regular exercise routine throughout the winter months.

Treating Viral infections
Antibiotics do not work against colds or flu. The best treatment is rest and symptom control – as much as 12 hours or more per night. Taking paracetamol or ibuprofen may help reduce temperature and discomfort. Take care when taking cold and flu preparations as they may already contain aspirin or paracetamol. Nasal congestion and sore throat can be temporarily relieved by taking over-the-counter cold medications; you can also keep nasal mucus thin and easy to clear by drinking plenty of fluids.

Secondary infections
Colds and 'flu do not 'turn into' bacterial infections like pneumonia, but some people do develop secondary bacterial infections, often in the sinuses, ears or lungs which require medical attention and antibiotic treatment.

Face Mask Supply Change

The prices and supply company for face masks have changed. Fisher Scientific has been awarded the contract. Please ensure that the new order codes are used when ordering these items to benefit from the reduced price. Information can be found at
www.purchasing.ad.ic.ac.uk
and/or
www.imperial.ac.uk/occhealth/guidanceandadvice/facemask
To query supply please contact Linda Tyrell at:
l.tyrrell@imperial.ac.uk

Updated OH forms and guidance Information

The Computer (DSE) checklist has been updated to include environmental factors which may affect a users workstation. The associated guidance document has also been updated to include advice on this. There is also a page detailing useful websites and suppliers of computer equipment and accessories. They are useful for obtaining information and ideas. All the above mentioned information can be found at:
www.imperial.ac.uk/occhealth/guidanceandadvice/computerhealth

Safety in Nanotechnology—are we doing enough?

Julia Cotton, College Safety Auditor

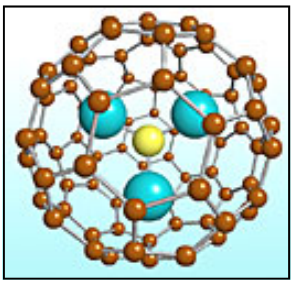


Image: LUNA Innovations. Contrast agent for magnetic resonance imaging.

What is nanotechnology?
Nanotechnology is not a single technology or scientific discipline but a multidisciplinary grouping of physical, chemical, biological, engineering and electronic, processes, materials, applications and concepts in which the defining characteristic is one of size - between 1-100 nanometers (for comparison, 10 nanometers is 1000 times smaller than the diameter of a human hair). It can involve the creation of novel materials, devices and systems of molecular size, or the exploitation of novel phenomena and properties by controlling the behaviour of molecules and atoms.

> ***'for comparison, 10 nanometers is 1000 times smaller than the diameter of a human hair'***

How are nanoparticles created?
Nanoparticles are created either by physical techniques such as grinding, milling or cryogenic milling of existing materials, or chemical techniques (liquid, vapour or solid phase), to build up individual atoms or molecules into structures or particles such as spheres, flakes, fibres or tubes. Depending on the application, these may be made by the tonne (e.g. paint production), or in microgramme quantities (e.g. research purposes). They are often embedded in a matrix, such as liquid or material for application purposes.

Some current applications:

- **Stain-free clothing**
- **Effective sunscreens and cosmetics**
- **Paints and coatings to protect against corrosion and radiation**
- **Antibacterial agents incorporated into medical dressings and clothing**
- **Improving lubricating properties of oils**
- **Improving electronic storage media**

Future applications for drug delivery, space travel, depollutants and military purposes

What risks are posed by nanotechnology?
The benefits of nanotechnology are already with us and are improving existing technologies. They will continue to have far-reaching effects on the way we live - however, there are concerns relating to health and safety and environmental issues.

At nanoparticle size and with altered physical properties, even materials which have traditionally been considered inert can have powerful effects on mammalian biochemistry.

Although such materials in their gross form are considered safe, there is little health and safety data available to manufacturers and users of such materials at nanoparticle size. This creates a problem under health and safety legislation such as *COSHH* and *DSEAR* as these relate to chemicals which are known to be hazardous to health or a fire or explosion risk. There is no nomenclature for categorising them - effects appear to be dependant on particle surface area rather than size. This is because a coiled nanotube has an enormous active surface area, compared to a solid sphere of similar size.

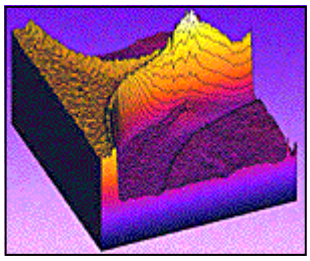


Image: Self-assembled nanocells. National Institute of Standards & Technology

Animal studies found that particles entering the body via the lungs or via the intestine may migrate via bloodstream and nerves to the brain, or other organs of the body. Effects included inflammation of tissues, respiratory disease similar to that caused by asbestos fibres, heart plaques, arrhythmias and gut mucosal problems[1]. In addition, altered physical properties could increase the risk of dust cloud explosions, and also of environmental effects should particles get into the water system or the atmosphere[2]. The efficacy of the usual control measures for fine particulates is not yet known with respect to nanoparticles.

How widespread is work with nanoparticles in the university sector? Approximately 2000 people are currently employed in the university/research sector in activities in which they may be exposed to nanoparticles in some form. Based on the information available, a maximum of 500 workers are considered to potentially exposed to nanoparticles through existing ultrafine, manufacturing processes. Most of these are involved in the manufacture of carbon black[3].

Are you working with nanoparticles? If so, how good is your risk assessment? Find out by contacting j.n.cotton@imperial.ac.uk for a questionnaire, and by joining the College Working Group on Safety in Nanotechnology (SIN).

Interim advice and information:

- http://engineering.tamu.edu/safety/guidelines/Nanotechnology/NANO_SafeGuideline.pdf
- http://www.hse.gov.uk/pubns/hsin1.pdf
- http://www.hse.gov.uk/aboutus/hsc/meetings/2004/060404/c42.pdf
- http://www.tuc.org.uk/h_and_s/tuc-8350-f0.cfm
- http://www.hse.gov.uk/research/rrhtm/rr274.htm

1. Nanoparticles—known and unknown health risks. Hoet, Bruske-Hohlfeld and Salata. Journal of Nanobiotechnology 2004, **2**:12, 8 Dec 2004.
2. Explosion hazards associated with nanopowders. D. K. Pritchard, HSL/2004/12 Health and Safety Laboratory, Harpur Hill.
3. Nanoparticles:An occupational hygiene review. R.J. Aitken, K. S. Creely, C. L. Tran. HSE Books ISBN 0 7176 2908 2.

Accidents

Rohini Gowtham, Accident Investigation Officer

Slips, Trips and Falls


Imperial College London

Watch your step - Slips and trips

74 accidents in 2004 - this year 38 accidents in 6 months – all caused by slips, trips and falls at Imperial College London.

How do you avoid these accidents?

- **Trailing cables** – tidy, cover or clip
- **Spillages** – clean up immediately – if hazardous, follow COSHH procedures
- **Housekeeping** – remove clutter and obstructions
- **Leakages and flooding** – report to Estates Help Desk – extension:48000
- **Uneven surfaces** – report to Estates Help Desk – extension:48000
- **Poor lighting** – inform Estates Help Desk – extension:48000
- **Unsuitable footwear** – ensure you wear appropriate footwear
- **Wet floors** – display warning signs

Slips and trips are the most common cause of accidents in workplaces nationwide. The Health and Safety Executive have recently launched a two year campaign to resolve workplace slip and trip issues. In support of this campaign, Imperial College London is raising your awareness:

Watch your step!

Please report all defects to Estates Help Desk at extension:48000

The HSE has recently launched a two-year campaign called *'Watch Your Step'* that will focus on raising awareness about preventing slip and trip accidents in the workplace. The campaign has been supported by advertisements in the national press and there are dedicated pages on the HSE website offering posters, case studies, guidance and advice for both employers and employees: http://www.hse.gov.uk/watchyourstep/index.htm.

From January 2004 to June 2005, the Safety Department received 110 accident reports categorised as slips, trip or falls. An analysis of the causes is presented in the table below:

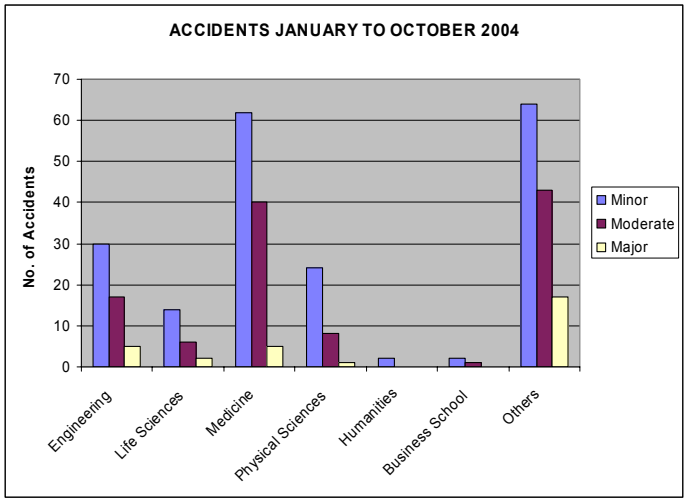
• Person lost footing / balance	26
• Wet conditions and poor signage	21
• Uneven surface / floor	20
• Poor housekeeping	17
• Poor lighting	5
• Leakage / flooding	4
• Person running / rushing	4
• Spillage	3
• Person distracted / not concentrating	3
• Trailing cable	2
• Unsuitable footwear	2
• Faulty equipment	1
• Incorrect procedures being followed	1
• Person affected by alcohol	1

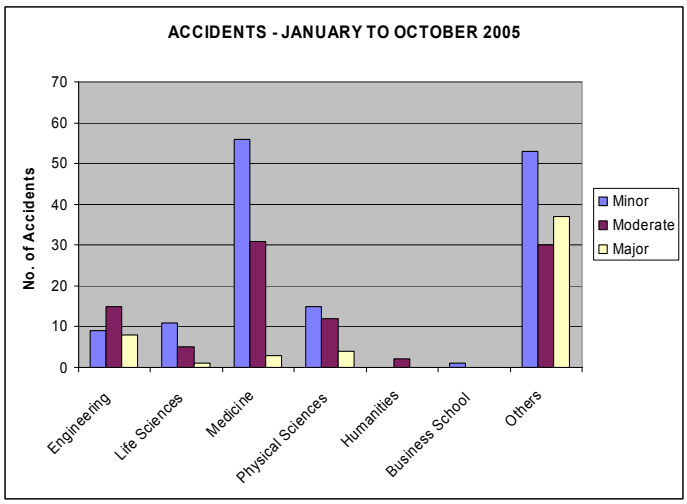
The Safety Department has launched it's own poster in support of the campaign (see image at top of page) - this will shortly be appearing on health and safety notice boards at all campuses. In the words of the HSE: '*Effective solutions are often simple, cheap and lead to other benefits'.*

Accident Statistics

	Jan-Oct 2004	Jan-Oct 2005
Total incidents reported to the Safety Department	**343**	**293**
Total incidents reported to the Health and Safety Executive in accordance with *RIDDOR 1995*	**19**	**20**

Comparison Graphs January to October 2004 vs. 2005





Accident rating:

Minor: No treatment required / First Aid.

Moderate: Visit to Occupational Health / GP / Health Centre or A&E.

Major: HSE reportable / Lost time (up to 3 days) / member of public taken to hospital for treatment.

Respiratory Protective Equipment

Anton de Paiva, Biological Safety Officer

Full Face Respirators for Formaldehyde Fumigations

The Safety Department has launched a programme of face fit testing and training in the maintenance and correct use of full face respirators. This will focus initially on 3M 6000 series respirators when used for protection against exposure to formaldehyde during fumigations of Microbiological Safety Cabinets and Containment Level 3 laboratories. In order to enrol for this programme all staff currently required to wear this equipment during formaldehyde fumigations should contact the Biological Safety Officer (a.de-paiva@imperial.ac.uk) to arrange for training and face-fit testing.

This programme of testing and training has been supplemented with a pro-forma 'compliance pack' covering all aspects of record keeping associated with the use of such safety equipment and these will be issued to the user during training and face fit testing.

Frequently Asked Question:

What is College policy regarding eyewash facilities?

The need for eyewash facilities should be determined by risk assessment. If the activities in question present a likelihood that splashes or particulate contaminants could enter the eyes during the normal course of work (e.g. 'wet' lab activities), then eyewash facilities should be available within reasonable proximity. There are several options listed in order of preference:

Mains fed flexible hoses with eyewash attachment. These are the preferred option and are normally recommended where refurbishments and new builds are concerned. They are typically located next to the hand-wash basins in laboratories. The hoses require flushing on a weekly basis to remove stagnant water in the pipeline – this needs to be part of the laboratory maintenance regime.

Silicone tubing attached to tap. Another option which provides an unlimited supply of mains water. There obviously needs to be a sink with a cold tap having a suitable nozzle available. Laboratory user's main objection to this option is that the tubing gets dirty and damaged over a period of time and that laboratory sinks are often cluttered and difficult to access. One way of overcoming the first drawback is to have a sterile length of tubing wrapped up and located nearby (e.g. inside a first aid box) so that it may quickly be opened and attached to a tap.

Sterile water / saline bottles. These can be provided in areas which are remote from a mains water supply. Disadvantages include limited volume and limited shelflife. At least one litre of fluid should be provided. Bottles should be discarded once opened and once the expiry date has passed even if they have not been used.

College First Aid Policy—Guidance Notes: www.imperial.ac.uk/occhealth/policies/firstaidguidance

ON THIS DAY…….Wednesday 5 December 1979

The minutes of the Charing Cross Laboratory Block Safety Committee report, with regard to the Department of Anatomy:

'Mr. xxxx said that he had invited the Fire Brigade for a familiarisation visit to the department in view of the usual presence of cadavers which could cause confusion of crews attending a fire emergency'.

Safety Department Staff Update

Amanda Jones joined the Safety Department as Radiation Protection Officer in September. Amanda was formerly employed as a Senior Physicist by St. George's Healthcare NHS Trust and she will primarily be involved with radiation protection at the Hammersmith, Charing Cross and Chelsea & Westminster campuses. Contact details: Phone 020 7594 9425 (Hammersmith: 020 8383 2237); E-mail: a.jones@imperial.ac.uk

Links to Occupational Health Web Pages

Aggie Schikora, Administrative Assistant

As the Occupational Web pages have moved to the new Content Management, all links that would previously have directed you to a specific site will automatically divert to our new home page. From there you will need to navigate through the new site to find the relevant document/information. We are currently in the process of updating all links listed in our information leaflets and hope to have this completed as soon as possible. If you cannot locate a page you are looking for, please don't hesitate to contact us.

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If you have any comments or suggestions for inclusion in future Newsletters please contact the editors:

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Tel. 7 594 9365

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Training

Christine Wright, Assistant Safety Director

Competency – *possessing knowledge based on appropriate qualifications and training, plus the skills, experience and personal qualities to apply the knowledge in a given situation and a clear recognition of his or her limitations*.

The College's comprehensive safety and health education and training programme enables staff and postgraduate students to achieve knowledge and qualifications at all levels at no, or minimal, cost. Those with specific safety and health roles, such as Departmental or Divisional Safety Officers are recommended to study for the National Examination Board in Occupational Safety and Health (NEBOSH) National General Certificate. Sectional Safety Officers may opt for the Chartered Institute of Environmental Health (CIEH) Supervising Health and Safety Certificate qualification. The CIEH Foundation Certificate course in Health and Safety in the Workplace has the broadest of target participants.

Updating on these and other more topic specific courses, such as Dangerous Goods Transportation, is essential. Legislative updates have been held recently for NEBOSH Certificate holders and will continue to be held annually. The Supervising and Foundation courses need refresher training every 3 years – these sessions are case study based, to include a legal update, followed by the new style examination. Such updates will be added to the portfolio of courses early in 2006.

Visit the Safety Department website to view the wide range of courses available and how to book on:
www.imperial.ac.uk/spectrum/safety/services/training/
We look forward to your participating in our courses soon.

Biosafety Training with the HSE — Feedback

The Safety Department training session held in September in which the HSE participated was very well received by the delegates who took part. Further sessions are planned (though not necessarily with HSE involvement) with the purpose of utilising these as consultative forums to discuss and resolve particular safety issues. The next session is scheduled for 14 December—participation will be by invitation.

Training Schedule & Events

Below is a selection of forthcoming courses. The complete list for this term is too comprehensive to include here—please consult the training programme link (above) for the entire range.

January 2006		**February (continued)**	
First Aid for Chemists (SK) (*jointly with Occ. Health*)	4th	Manual Handling Assessment for Assessors (SK) (*Occ. Health*)	2nd
Fire Safety (Hammersmith)	11th	Safety for Residences (SK) (*jointly with Occ. Health*)	7th
Working in Confined Spaces (SK)	18th	Laser Safety (SK)	8th
Risk Assessment (Hammersmith)	18th	Personal Safety (SK)	8th
Food Hygiene (SK) (*Occ. Health*)	19th	CIEH Foundation (SK)	9th
First Aid at Work (Silwood)	23-26th	Safe Use of Slings	15th
Ladder Safety (Silwood)	25th	Local Exhaust Ventilation (SK)	21st
February		Gas Safety—Cryogenics (SK / Hammersmith)	22nd
Manual Handling & Lifting (SK) (*Occ. Health*)	2nd	Gas Safety—Regulators (SK / Hammersmith)	22nd

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